

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-802822</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
2							51			
3							52			
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45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
Total							100			
Indep	1						Total			
Depend	11						Indep			
Total	12						Depend			
Claims							Total			
							Claims			